

THIS SECTION IS TO BE FILLED IN BY APPOINTING AGENCY

Class Title and Number

If the applicant possesses the license or certificate required by the class specification indicate below

Type of LicenseLicense NumberDate Issued

PRE-EMPLOYMENT INFORMATION (To be filled out by Applicant)

1. Print Name as you wish it to appear on payroll check and official records

2. Telephone Number

3. Print actual Address (street and number, City, State, and Zip Code)

4. Mailing address (if different)

EDUCATION

ELEMENTARY AND SECONDARY SCHOOL

Encircle highest school grade completed

Dates Attended

Type of High School Course

1 2 3 4 5 6 7 8 9 10 11 12

FromTo

Name and address of elementary or secondary school last attended

Did you graduate?

☐ Yes☐ No

COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, AND OTHER EDUCATION

Name of School	Major and / or Course of Study	Dates Attended		Type of Diploma or Degree Earned	If No Degree # of Credits
		From	To		

5. Have you ever been convicted for any offense? (Conviction is not an automatic bar to employment. Each case is considered on its individual merits.) In space below give date, location, indicate felony or misdemeanor. Lack of explanation is a basis for rejection.

NOTE: In some instances, a plea of "nolo contendere" may not be considered a conviction. Refer to R.I. General Law 12-18-3

☐ YES☐ NO

6. Have you ever worked for the State Before?

7. Have you ever been dismissed from any position? If answer is yes, give details on an attached sheet

☐ YES☐ NO

☐ YES☐ NO

EXPERIENCE

8. Describe below all the positions have held for the past ten years. In addition, describe any other experience which you think may qualify you for this job. Include all previous employment with the State of Rhode Island. Begin with your present or most recent employment

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)

Duties:

**Pre-employment information (continued)**

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)
Duties:			

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)
Duties:			

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)
Duties:			

**THIS AFFIRMATION MUST BE COMPLETED**

I certify that there are no willful misrepresentations and falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and should I be employed, my services may be terminated.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**STOP!! Do not write in the spaces below!!**

IF CANDIDATE IS HIRED. ALL POST-EMPLOYMENT INFORMATION BELOW MUST BE COMPLETED.		Approved by Appointing Authority _____ Date _____	
9. Your Social Security Number _____		Title of Appointing Authority _____	
10. Since what date have you resided continuously in Rhode Island? _____		11. Date of Birth _____ 12. Age _____	
13. Sex <input type="checkbox"/> male <input type="checkbox"/> female	14. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated	15. Spouse's Name _____	16. Spouse's Date of Birth _____
17. Spouse's Social Security Number _____	18. YOUR maiden name, if applicable _____	19. Are you a veteran? <input type="checkbox"/> YES (Including DESERT STORM <input type="checkbox"/> NO activation)	19A. Are you a war veteran <input type="checkbox"/> YES <input type="checkbox"/> NO
20. Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you have a Disability and require an accommodation, please complete RI EOO - 5/90A. (Self-ID form) (Available from RI Equal Opportunity Office)		If yes, identify the War / Conflict and the dates of service that apply below _____ War Conflict _____ Date _____
_____ Date		19B. Are you a disabled veteran? <input type="checkbox"/> YES (RIGL36-4-19) <input type="checkbox"/> NO	